Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration

ANNUAL SUBMISSION REQUIREMENT INSTRUCTIONS
DUE FEBRUARY 28, 2018

GENERAL INSTRUCTIONS

The Annual Submission requirements are found in Section 7.8 and Attachment 6.5.1.1 of the MDHHS/CMHSP Managed Mental Health Supports and Services Contract.

**Please note that the Summary of Current Contracts for Mental Health Service Delivery forms are no longer required.

There are four requirements for submission:

➢ Estimated Full Time Equivalents (FTEs)
➢ Request for Service and Disposition of Requests
➢ Waiting List
➢ Needs Assessment

Narrative questions have been added to further explain the information provided.

All forms and instructions are posted to the MDHHS website address at:
http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html.

To avoid delays in processing, please do not leave any data or text entry box blank. Also, please do not change the forms as the cells and formulas are "locked".

**NEW THIS YEAR - Please submit completed forms to:
MDHHS-BHDDA-Contracts-MGMT@michigan.gov and copy Kendra Binkley at binkleyk@michigan.gov.

The due date is February 28, 2018. Contact Kendra Binkley at (517) 335-0166 or binkleyk@michigan.gov with any questions.

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INSTRUCTIONS FOR COMPLETION OF EACH SUBMISSION REQUIREMENT FOLLOW:

1. ESTIMATED FTE EQUIVALENTS

The purpose of this form is to provide information about the CMHSP and provider network workforce.

Provide the estimated FTEs for the total CMHSP and provider network workforce as of September 30, 2017 employed directly or through contracts with provider organizations. Full-time equivalent employees are defined as 36.00 or more hours of paid (including sick/vacation) work per week.

Note:
A. Only vacancies that have been approved to be filled should be reported.
B. Exclude all community inpatient and state operated hospital/center employees.

TABLE 1 TOTAL WORKFORCE IN SPECIALIZED RESIDENTIAL SETTINGS

COLUMN INSTRUCTIONS

Column 1 Enter the actual filled FTE equivalent positions as of 9/30/16.
Column 2 Enter the approved vacancies as of 9/30/16 that are intended to be filled.
Column 3 This column is formula driven to sum the total number of actual and approved vacancies as of 9/30/17.

ROW INSTRUCTIONS

Row 1 Specialized Residential Settings – Settings where 24 hour room, board and supervision are provided to unrelated persons.
Row 2a Enter all direct CMHSP employees and vacancies in specialized residential settings.
Row 3b Enter all other contract staff in specialized residential settings.
Row 4 Total Workforce in Specialized Residential Settings – this row is formula driven and will calculate the total workforce in specialized residential settings.

TABLE 2 TOTAL WORKFORCE IN OTHER SETTINGS

COLUMN INSTRUCTIONS

Column 1 Enter the actual filled FTE equivalent positions as of 9/30/17.
Column 2 Enter the approved vacancies as of 9/30/17 that are intended to be filled.
Column 3 Enter the sum of the total number of actual and approved vacancies as of 9/30/17.

ROW INSTRUCTIONS

Row 5 Enter the total workforce FTEs that are CMHSP employees in settings other than specialized residential settings where skill building, community living supports and training, and personal care services are provided. Include filled and approved vacancies.
Row 6 Enter the total workforce FTEs of contract agency employees in settings other than specialized residential settings where skill building, community living supports and training, and personal care services are provided. Include filled and approved vacancies.
Row 7 Total – sum of Rows 5 and 6.

EXPECTED FY16 WORKFORCE CHANGES

As noted on the form, provide a brief description, (1-2 paragraphs) of expected FY18 workforce changes. Indicate if these apply to CMHSP employees and/or contract agencies. And, describe the source of the workforce information and how it was obtained.

2. REPORT ON THE REQUESTS FOR SERVICES AND DISPOSITION OF REQUESTS

PURPOSE AND GENERAL INSTRUCTIONS

MDHHS will use this report to gather data on requests for service and about the disposition of those requests. The reporting categories in the CMHSP Assessment section are consistent with the TSG waiting list standards. Additionally, a narrative submission is also being required to assist in understanding the information provided.

NARRATIVE:

A. Please provide a brief description of how the CMHSP collects and maintains the data reported on this form.

B. In no more than one page, please briefly describe the process by which the CMHSP determines eligibility [e.g., per use of assessment instrument (ID name), per telephone screen, or face-to-face assessment or combination, etc.].

C. Also, provide a brief clearly labeled narrative describing noticeable trends and CMHSP response to these trends in service requests. If these represent an increased demand for services, explain how you plan to manage this increased demand in FY18. If changes in eligibility rules result in termination of services to current consumers include this information.

COLUMN INSTRUCTIONS

DD All Ages – Individuals with Developmental Disabilities of all ages.

Adults with MI – Anyone that is 18 years old or older with a mental illness.

Children with SED - Anyone that is 17 years or younger with serious emotional disturbance.

Unknown and All Other – Anyone else that doesn't fit into the other categories; please add a footnote to describe who is reported in this category.

Total - this is the sum of the previous four columns

CMHSP POINT OF ENTRY-SCREENING

Row 1 Report the total number of people that walked in or called in with any request.

Row 2 Report if the numbers in Row 1 are unduplicated with a "yes" or "no" under each category.

Row 3 Of the number reported in Row 1 - Report the number of requests that were referred out due to non mental health needs. For example, the telephone inquiry is about Food Stamps or another non mental health need, the CMHSP would then refer the caller to DHS or another community provider for that specific service.

Row 4 Of the number reported in Row 1 - Report the total number of people who requested services the CMHSP provides – irrespective of their eligibility.

Row 5 Of the number in Row 4, report the number of people who did not meet eligibility criteria determined through a phone screen.

Row 6 Of the number in Row 4, report the number of people who met eligibility criteria via a phone screen and/or were scheduled for assessment.

Row 7 Report and describe any other people reported in Row 4 that are not counted in row 5 or 6 in this row and describe.

CMHSP ASSESSMENT

Row 8   Of the number reported in Row 6 – Report the number of people who did not receive eligibility determination (dropped out, no show, etc.).

Row 9   Of the number reported in Row 6 - Report the number of requests made by people who are Medicaid beneficiaries that do not meet specialty services (PIHP) service criteria and would be better served by another Medicaid fee for service provider, but not the health plan, and did not receive CMHSP provided mental health services. "MA" refers to Medicaid.

Row 10   Of the number reported in Row 6 - Report the number of requests made by people who are Medicaid beneficiaries that do not meet specialty services (PIHP) service criteria and would be better served by the Medicaid Health Plan and did not receive CMHSP provided mental health services.

Row 11   Of the number reported in Row 6 - Report the number of people that otherwise did not meet CMHSP non-entitlement (GF) eligibility criteria.

Row 11a   Of the number reported in Row 11 – Report the number of people that were referred out to other mental health providers.

Row 11b   Of the number reported in Row 11 – Report the number of people that were not referred out to any other mental health providers.

Row 12   Of the number reported in Row 6 - Report the total number of people that met CMHSP eligibility criteria.

Row 13   Of the number reported in Row 12 - Report the number of people with Serious Mental Illness, Serious Emotional Disturbance or Developmental Disabilities who were in emergent or urgent situations.

Row 14   Of the number reported in Row 12 - Report the number of people who met the CMHSP criteria for immediate services and were not placed on the CMHSP waiting list for any services.

Row 15   Of the number reported in Row 12 - Report the number of persons who were placed on a waiting list.

Row 15a   Of the number in Row 15, report the number of people that received some CMHSP services but were also wait-listed for other CMHSP services.

Row 15b   Of the number in Row 15, report the number of people that were wait-listed for all CMHSP services.

Row 16   Report any other people that did not fit into any of the above categories, please include a description of these individuals in the narrative.

3.   WAITING LIST FORM

PURPOSE OF FORM AND GENERAL INSTRUCTIONS

The Mental Health Code, Section 330.1124 requires that CMHSPs establish and maintain waiting lists if all service needs are not met. The purpose of this form is to gather information about the use of waiting lists by CMHSPs and the people waiting for various types of services.

GENERAL INSTRUCTIONS

AS OF DATE - For the number of people on the waiting list as of a certain date, please indicate the date that you started the waiting list.

TIME PERIOD COVERED FOR ADDED/REMOVED - In order to get information about the number of people added and removed during a certain time period, please indicate the time period you are using.

SPECIFY HCPCS AND CPT CODES INCLUDED IN THIS CATEGORY - In the row provided (under each category), please specify which HCPCS and CPT codes that you include in each category. The column will expand as you type.

3. WAITING LIST FORM (CONTINUED)

NARRATIVE

How do you assure that service needs are met at an individual level as well as from a program capacity level? The column will expand as you type.

COLUMN INSTRUCTIONS

Program Type - Program type/services to report for waiting list activity.

MI Adult – Anyone that is 18 years old or older with a mental illness.

DD – Anyone with a developmental disability.

SED - Anyone that is 17 years or younger with serious emotional disturbance.

Total – Sum of the MI Adult, DD and SED columns.

ROW INSTRUCTIONS

Targeted CSM/Supports Coordination – Services included here are client services management and supports coordination.

❖ Report the number of people requesting Targeted CSM/Supports Coordination services that were on the waiting list as of the date provided by CMHSP.

❖ Report the number of people requesting Targeted CSM/Supports Coordination services that were added during the time period covered.

❖ Report the number of people requesting Targeted CSM/Supports Coordination services that came off the waiting list during the time period covered due to receiving the services that were requested.

❖ Report the number of people requesting Targeted CSM/Supports Coordination services that came off the waiting list during the time period covered due to other reasons.

❖ Report the number of people requesting Targeted CSM/Supports Coordination services that were left on the waiting list at the end of the time period covered.

Intensive Interventions/Intensive Community Services - Services included here are assertive community treatment, home based services, integrated dual disorder treatment and dialectal behavior therapy.

❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that were on the waiting list as of the date provided by CMHSP.

❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that were added during the time period covered.

❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that came off the waiting list during the time period covered due to receiving the services that were requested.

❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that came off the waiting list during the time period covered due to other reasons.

❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that were left on the waiting list at the end of the time period covered.

Clinic Services/Medication - Services included are assessment/evaluation, psychological services, education/medication monitoring, nursing, health outpatient, Parent Management Therapy Oregon Model, family psycho- education, occupational therapy, physical therapy and speech.

❖ Report the number of people requesting Clinic Services/Medication services that were on the waiting list as of the date provided by CMHSP.

Clinic Services/Medication - Continued
* Report the number of people requesting Clinic Services/Medication services that were added during the time period covered.
* Report the number of people requesting Clinic Services/Medication services that came off the waiting list during the time period covered due to receiving the services that were requested.
* Report the number of people requesting Clinic Services/Medication services that came off the waiting list during the time period covered due to other reasons.
* Report the number of people requesting Clinic Services/Medication services that were left on the waiting list at the end of the time period covered.

Supports for Residential Living - Services included here are 24 hours support for residential and crisis residential.
* Report the number of people requesting Supports for Residential Living services that were on the waiting list as of the date provided by CMHSP.
* Report the number of people requesting Supports for Residential Living services that were added during the time period covered.
* Report the number of people requesting Supports for Residential Living services that came off the waiting list during the time period covered due to receiving the services requested.
* Report the number of people requesting Supports for Residential Living services that came off the waiting list during the time period covered due to other reasons.
* Report the number of people requesting Supports for Residential Living services that were left on the waiting list at the end of the time period covered.

Supports for Community Living - Services included here are community living supports less than 24 hours, supported employment, skill building, clubhouse and respite.
* Report the number of people requesting Supports for Community Living services that were on the waiting list as of the date provided by CMHSP.
* Report the number of people requesting Supports for Community Living services that were added during the time period covered.
* Report the number of people requesting Supports for Community Living services that came off the waiting list during the time period covered due to receiving the services requested.
* Report the number of people requesting Supports for Community Living services that came off the waiting list during the time period covered due to other reasons.
* Report the number of people requesting Supports for Community Living services that were left on the waiting list at the end of the time period covered.

5. Needs Assessment

Please refer to the attached Needs Assessment Guideline, Instructions, Data Form, Stakeholder Survey, and Priority List for specific instructions on the Needs Assessment requirement.

NOTE: CMHSPs are only required to complete the Stakeholder Survey and Priority Needs and Planned Action every 2 years. All CMHSPs completed both of these in FY 16. For FY 17, please submit a narrative describing any progress or accomplishments made by the CMHSP on items identified in the Priority Needs and Planned Actions or any changes that were made.

The Data Set Form is an annual requirement.